

Mitchell E. Daniels, Jr. Governor

**Gregory N. Larkin, M.D., F.A.A.F.P.**State Health Commissioner

## CHILDREN'S SPECIAL HEALTH CARE SERVICES PROVIDER BULLETIN 0007

March 11, 2011

Dear Provider:

The Children's Special Health Care Services program (CSHCS) currently mails out paper copies of our Explanation of Payment (EOP) to providers, unless the provider bills electronically and also receives an electronic remittance advice. This EOP gives information about how we processed a claim and also gives payment information.

For the past 6 months we have placed a notice on the EOP you receive and also on the CSHCS website, encouraging providers to enroll in the CSHCS web portal because soon the program will no longer send out paper EOP's. The web portal is available via internet and allows designated provider representatives to print their own EOP's, and check participant enrollment and claim status.

Please note that effective 1/1/2012 the CSHCS program will no longer send out paper EOP's. If you have not yet signed up for access to the web portal, please do so. The enrollment form is available at <a href="https://gateway.isdh.in.gov/CSHCS/index.html">https://gateway.isdh.in.gov/CSHCS/index.html</a>. Please complete the form and return it to the address shown on the form as soon as possible. Another option would be to contact our EDI team at 1-800-475-1355, option 5, then option 1 to inquire about receiving the 835 Electronic Remittance Advice in lieu of the EOP.

Please be aware that if there is a billing company who will be calling to check on claim status or participant enrollment information, you must provide that information on the enrollment form to give them web portal access or they will not be able to log into the web portal or obtain this information by phone.

If you have any questions or concerns regarding this change, please contact provider relations at 1-800-475-1355, option 6, and then option 2. Questions regarding completion of the enrollment form should be directed to our EDI team at 1-800-475-1355, option 5, and then option 1. <u>If you are not the appropriate person to receive this, please forward this information.</u>

Sincerely,

Children's Special Health Care Services Provider Relations & Reimbursement